

FIGURE 1

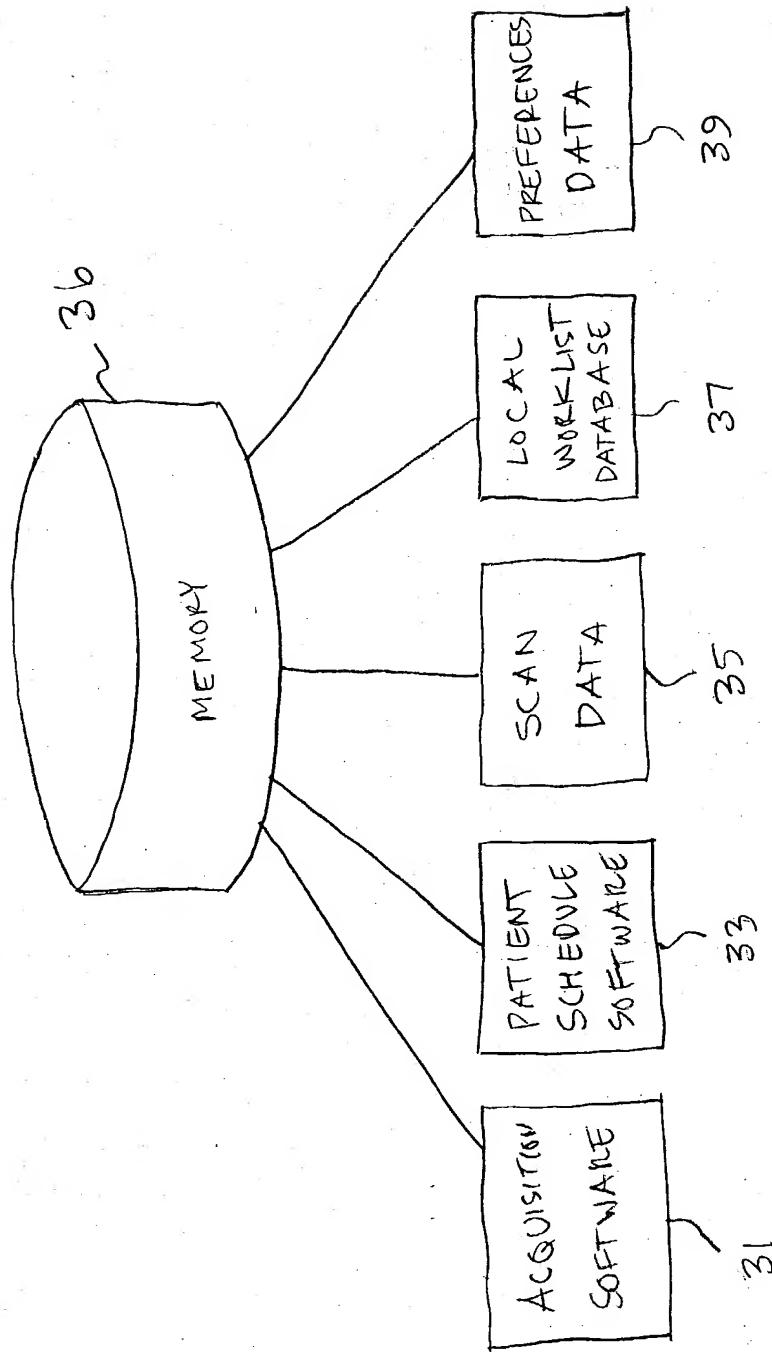


FIGURE 2

FIGURE 3

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- 1 -

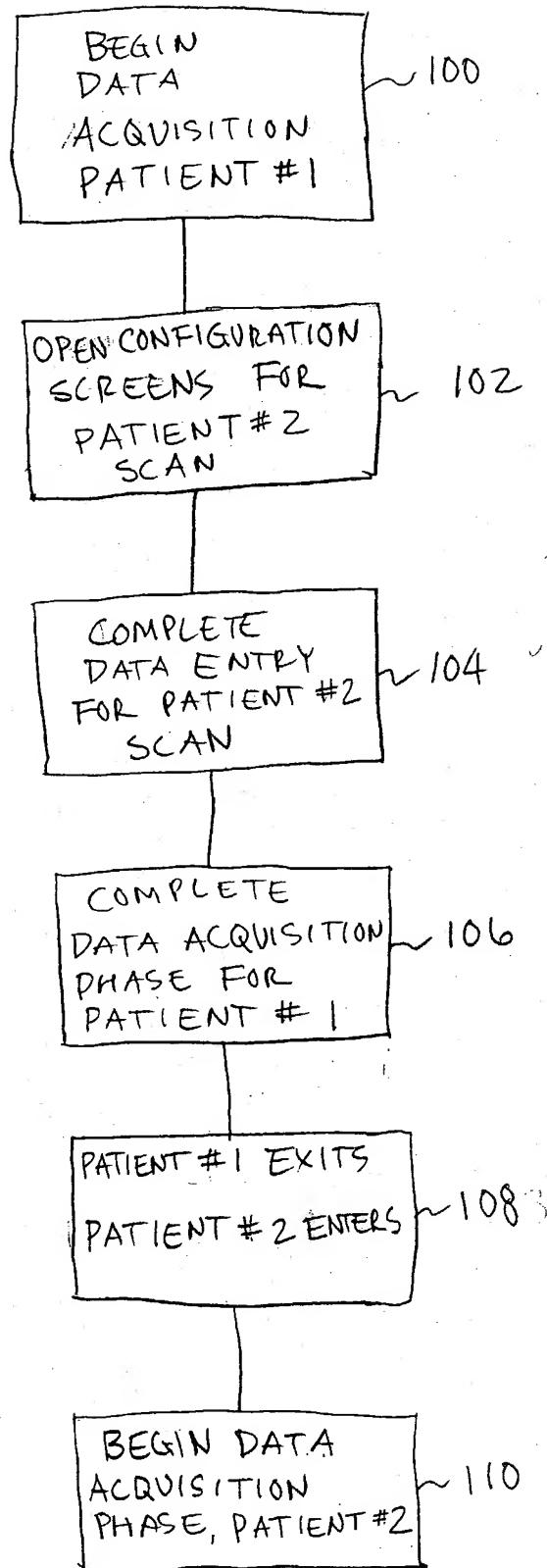


FIGURE 4

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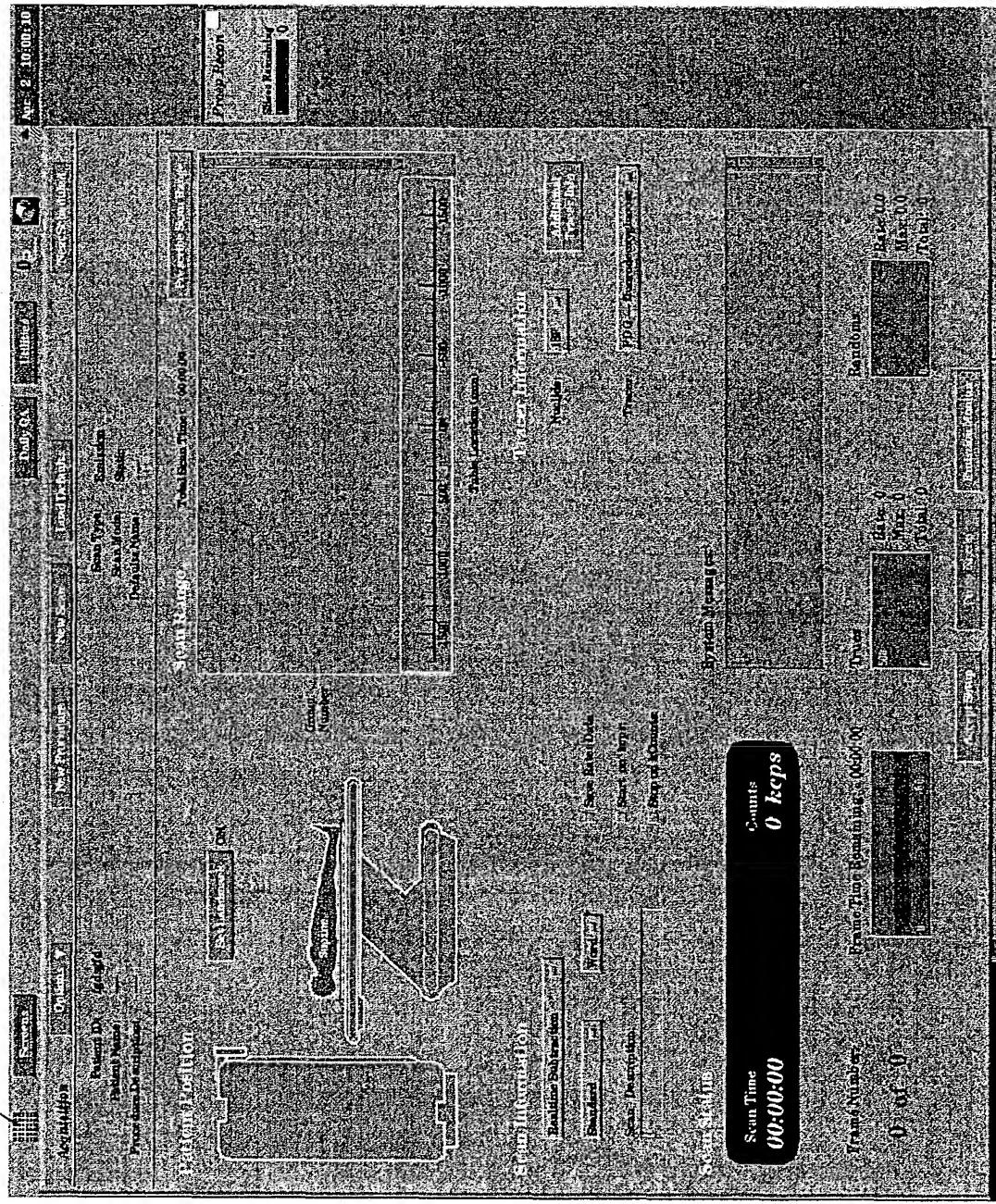


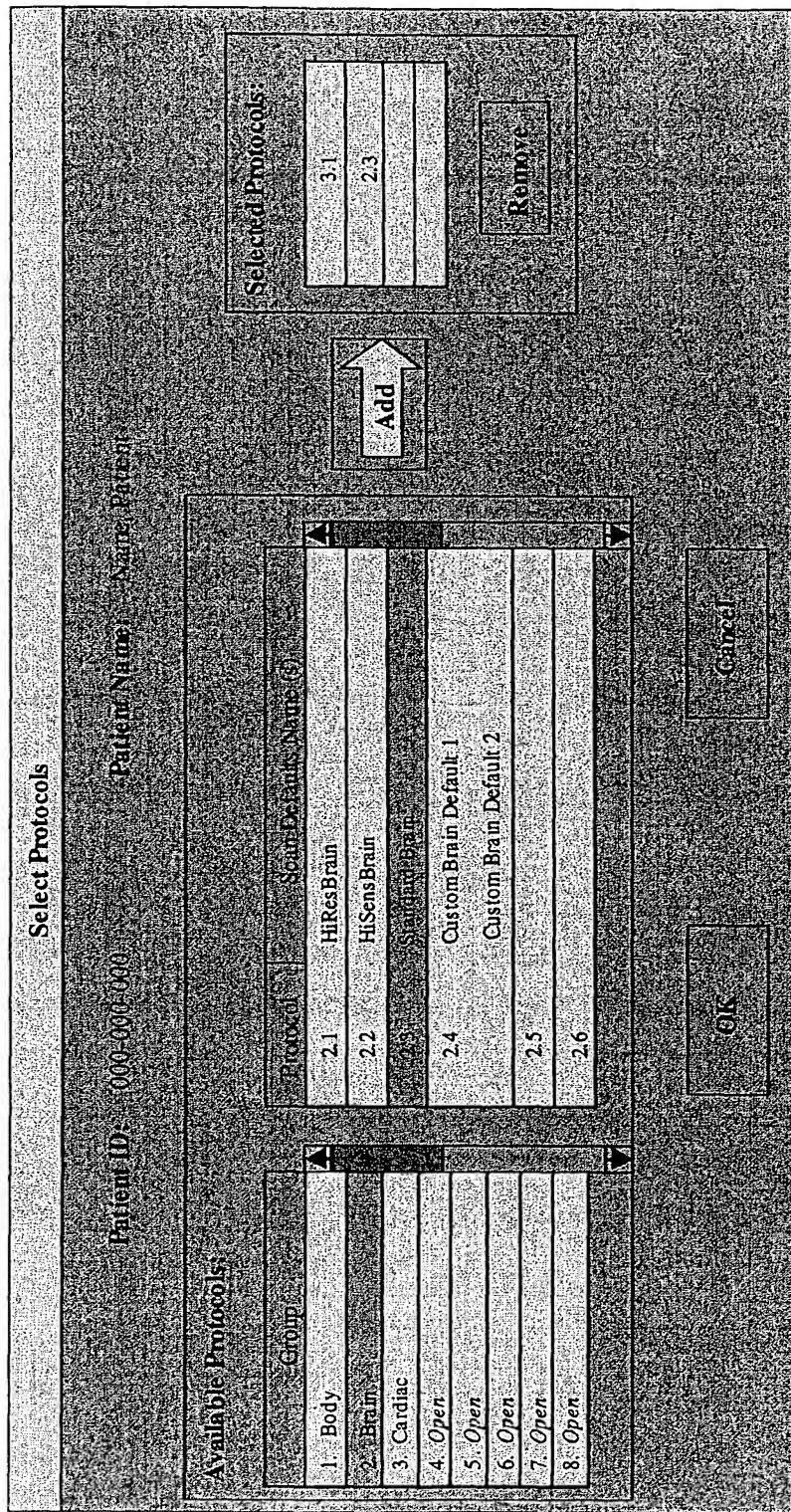
FIGURE 5

Add Tracer Information

Patient ID:	000000000	Procedure Description:			
Patient Name:	Patient Name: [REDACTED]				
Schedule Status: [REDACTED]					
Pre-Injection Assay					
Tracer Activity:	mcCi	Unit:	MBq	Time:	00:00:00
Date:	dd/mm/yyyy	Unit:	mcCi	Time:	00:00:00
Tracer Volume:	ml	Unit:	MBq	Time:	00:00:00
Batch Description					
Injection Time:	dd/mm/yyyy	Time:	00:00:00	AM	PM
Date:	dd/mm/yyyy	Time:	00:00:00	AM	PM
Post-Injection Assay					
Tracer Activity:	mcCi	Unit:	MBq	Time:	00:00:00
Date:	dd/mm/yyyy	Unit:	mcCi	Time:	00:00:00
OK	cancel				

FIGURE 6

FIGURE 7



View Patient Information

Patient ID:	000-000-000	Exam Date:	04/27/2002	Name Patient:	monica EYK
Patient Name:		Exam Time:	03:00 PM		
		Date of Birth:	05/22/1976	Phone Number:	777-7777
		Sex:	Male		
Protocol(s):	123456789	Procedure ID:	000-000-000		
Procedure Description:	2D Ultrasound Abdomen				
Height:	5'7"	Weight:	180 lb		
Symptoms:	Abdominal pain				
Accession #:	000-000-000				
Referring Physician:	Dr. Smith				
Investigator:	Dr. Smith				
Operator:	Dr. Smith				
	<input type="button" value="More Info"/>				
	<input type="button" value="Edit"/>				
	<input type="button" value="Delete"/>				

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Add Patient to Schedule	
Patient ID:	<input type="text"/>
Patient Name:	<input type="text"/>
Exam Date:	<input type="text"/> mm/dd/yy
Exam Time:	<input type="text"/> <input type="radio"/> AM <input type="radio"/> PM
Date of Birth:	<input type="text"/> mm/dd/yy
Stay:	<input type="radio"/> Out-patient <input type="radio"/> In-patient
Protocol(s):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Procedure Description:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Height:	<input type="text"/> in <input type="text"/> ft <input type="text"/> in <input type="text"/> ft <input type="text"/> in
Symptom:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Assessment:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Referring Physician:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investigator:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Opinion:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Comments:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

FIGURE 9

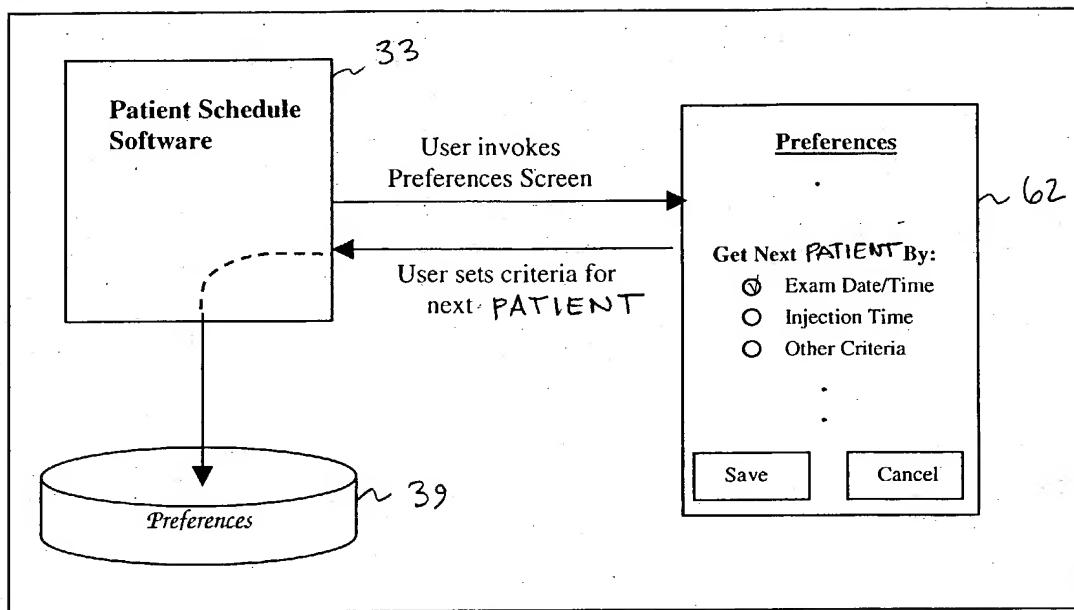


FIGURE 10

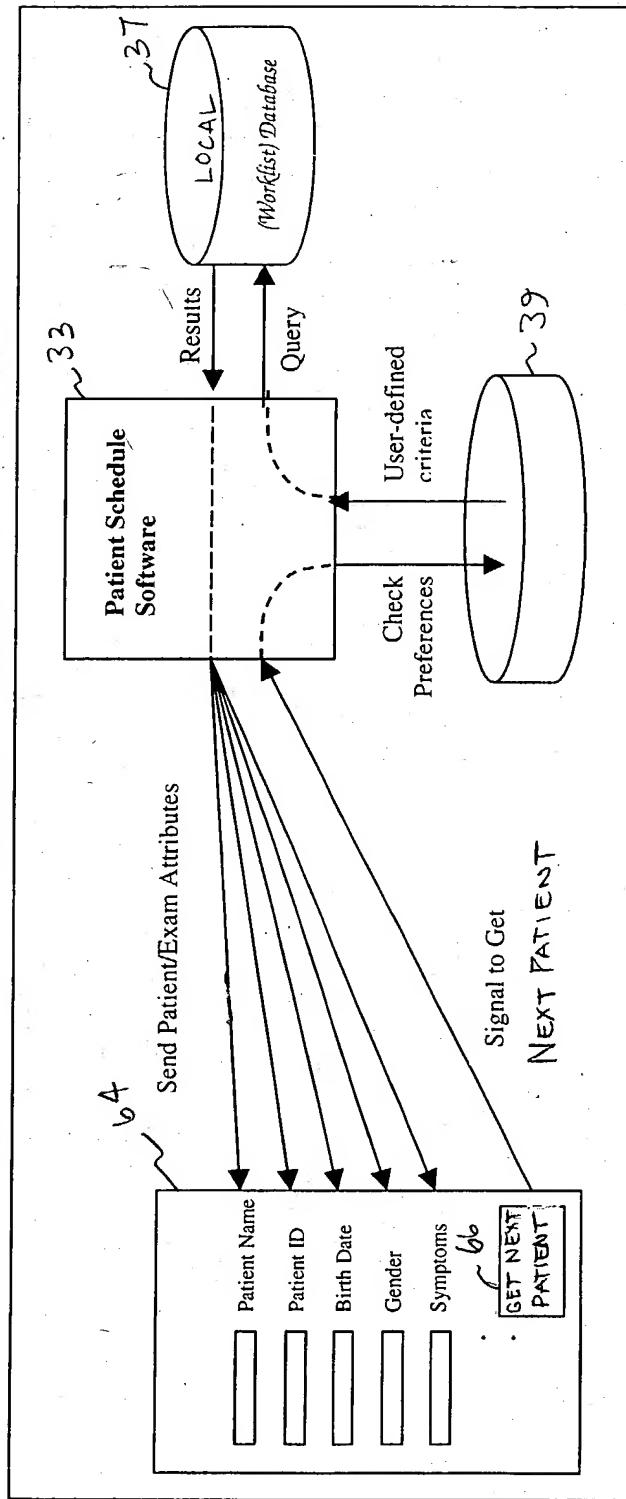


FIGURE 11